FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000100906

LAUREM CORPORATION

Principal Place of Business 450 SOUTH SHORE DRIVE MIAMI BEACH FL 33141

Mailing Address

450 SOUTH SHORE DRIVE MIAMI BEACH FL 33141

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90003 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

TITLE NAME PUCHADES, MICHAEL A STREET ADDRESS STREET ADDRESS STREET ADDRESS MIAMI FL 33141 DELETE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.3 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADD						12/01/1997			
Sulfo, Apt. #L etc.	Principal Place of Business 2a. Mailing Address							Applied For	
Salte, Apt F, etc. 221 227 27	21		26			65-0797630			
City & State 23	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired			
Zip Country Zip						6. Election Campaign Financing	\$5.0	0 May Be	
2p					1 - 11				
9. Name and Address of Current Rugistered Agent PUCHADES, MICHAEL A 100 SE 2ND STREET 18TH FLOOR MIAMI FL 33131 11. Pursuant to the project of Sections 907 6502 and 67 1504. Excide Statutes, the above named corporation submits this statement for the purpose of changing its registered office of the purpose of changing its registered office of the purpose of changing its registered office of the purpose of popular statutes and the above named corporation submits this statement for the purpose of changing its registered office of the purpose of changing its registered of the purpose of changing its registered office of the purpose of changing its registered of the pu		Country		Country		8. This corporation owes the current year	r Intangible	1	
9. Name and Address of Current Registered Agent PUCHADES, MICHAEL A 100 SE 2ND STREET 18TH FLOOR MIAMI FL 33131 82 Street Address (P.O. Box Number is Not Acceptable) 83 64 City FL 85 Zip Code* 11. Pursuant to the provision of Sections \$07.0502 and \$67.1502 Portical Stabutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am Judgment, and analystyphe policy stable of the registered agent. I am Judgment, and analystyphe policy stable of the registered agent. I am Judgment, and analystyphe policy stable of the registered agent. I am Judgment, and analystyphe policy of the provision of Statutes. SIGNATURE Grand Stabutes of the submit of the purpose of changing its registered agent. I am Judgment, and analystyphe policy stable of the submit of the purpose of changing its registered agent. I am Judgment, and analystyphe policy stable of the submit of the purpose of changing its registered agent. I am Judgment, and analystyphe policy stable of the submit of the purpose of changing its registered agent. I am Judgment, and analystyphe policy stable of the submit of the purpose of changing its registered agent. I am Judgment, and analystyphe policy stable of the submit of the purpose of changing its registered agent. I am Judgment, and analystyphe policy stable of the submit of the purpose of changing its registered agent. I am Judgment of the purpose of changing its registered agent. I am Judgment of the purpose of changing its registered agent. I am Judgment of the purpose of changing its registered agent. I am Judgment of the purpose of changing its registered agent. I am Judgment of the purpose of changing its registered agent. I am Judgment of the purpose of changing its registered agent. I am Judgment of the purpose of changing its registered agent. I am Judgment of the purpose of changing its registered agent. I am Judgment of the purpose of the agent of the purpose of t	—¬ ˙			0		•		No .	
PUCHADES, MICHAEL A 100 SE 2ND STREET 18TH FLOOR MIAMI FL 33131 83 84 City FL 85 Zir Code* 11. Pursuant to the protings of Sections 607 0502, and 697 1546, portida Statutes, the analysis of City of C	24			-		10. Name and Address of New Registe	red Agent		
MIAMI FL 33131 State Stat		HADES, MICHAEL A				ess (P.O. Box Number is Not Acceptable)		, 	
### City #### City ##### City ###### City ####################################					· · · · · · · · · · · · · · · · · · ·				
11. Pursuant to the provision of Sections 697 0502 and 697 1598. Portice Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered september of the purpose of changing its registered agent. I am product of the provision of the p				9.4	City	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
SIGNATURE Aggrature fryster or primous rakug of registedion signal and that if applications (NOTE: Registationed Agent subjusture required when reinstation). DATE					-	•	F! -	'	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_	9 1/12 11	teller			d when reinstating).	E		
TITLE PUCHADES, MICHAEL A 12 MANE STREET ADDRESS 450 SOUTH SHORE DR 13 STREET ADDRESS 450 SOUTH SHORE DR 13 STREET ADDRESS 14 CITY-ST-ZIP	12.			13.		ADDITIONS/CHANGES TO OFFICER	S AND DIREC		
NAME PUCHADES, MICHAEL A 12 NAME 13 STREET ADDRESS		, <u> </u>		1.1 TITLE		4.5 m m	Chang	e Addition	
STREET ADDRESS		'		1.2 NAME					
CITY-ST-ZP MIAMIFL 33141				13 STREET	ADDRESS	•	-		
TITLE						•			
NAME		MIAMI FL 33141	□ DELETE		- 211		☐ Chang	e Addition	
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP							•		
2 4 CITY-ST-ZIP					ADODESS			-	
DELETE	STREET ADDRESS						,		
NAME			□ DELETE		1+214		☐ Chang	e	
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		DELETE:		1			_,,	-	
3.4. CITY-ST-ZIP	NAME	· · · · · ·							
DELETE	STREET ADDRESS						· 11/4/		
NAME	CITY-ST-ZIP		Florer		T-ZIP		T Chan	ne I Addition	
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TITLE		☐ DEFE LE				:: : □ Airiging	: Landidon	
A4 CITY-ST-ZIP	NAME								
DELETE DELETE 5.1 TITLE Change Addition	STREET ADDRESS			4.3 STREET	ADDRESS				
NAME	CITY-ST-ZIP			-	-ZIP				
STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TITLE		☐ DELETE				∐ Cran	Je - L Addition	
STREET ADDRESS	NAME			5.2 NAME					
CITY-ST-ZIP	STREET ADDRESS			5.3 STREET	ADDRESS		•		
TITLE G.1 TITLE G.1 TITLE G.2 NAME NAME STREET ADDRESS 6.4 CTV, ST. JIB					r-ZiP				
NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CTV, ST, JIB			☐ DELETE	6.1 TITLE			☐ Chan	ge	
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY ST. 7/19	NAME			6.2 NAME					
S A CITY, ST. 7/D				6.3 STREET	ADDRESS			•	
				6.4 CITY-ST	r-21P			<u> </u>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the faceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or one an adactories with an address, with all other like empowered.

SIGNATURE: